TR-WM-139 (04/15)
Formerly ERS-10778 (R.06/2013)

	Wisconsin Department of Agriculture, Trade and Consumer Protection Bureau of Weights and Measures, Permits and Licensing P.O. Box 7837 Madison, WI 53707-7837 (608) 224-4942	FOR OFFICE USE ONLY Wis. Admin. Code §ATCP 93.510

UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

Personal information you provide may be used for purposes other than that which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

A. OWNER INFORMATION	**SITE INFORMATION**	**CONTRACTOR INFORMATION**
Name	Facility ID#: Facility Name	Contractor Name
Company Name	Site Address	Contact Person
Number and Street	City, State, Zip Code	E-mail address
City, State, Zip Code	Assigned Anniversary month:	Telephone/Cell Number E-mail ( )
Telephone Number Fax Number ( ) ( )	Date of Testing/Servicing:	Work order number:

This form must be used to document testing and servicing of monitoring equipment. A separate verification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with ATCP 93.510(2).

B. Results of Testing/Servicing

Tech's Manufacturer's Certification Number: _____ Level: _____

ATG Make and Model: _____ ❑ CSLD Software Version Installed: _____

All equipment Tested: Yes ❑ No ❑ All equipment verified as functional: Yes ❑ No ❑

Are all deficiencies corrected? Yes ❑ No ❑ NA ❑

Note: If response is "No" for any question above; send page 1 of this form immediately to DATCP via e-mail to: **DATCPWeightsandMeasures@wisconsin.gov**

In Section below, describe how and when deficiencies were or will be corrected.

Comments _____

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified:

❑ YES ❑ NO NA ❑ (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; *(check all that apply)*:

❑ Reviewed System Set-Up ❑ Set-up Corrections made ❑Reviewed Alarm history report

Technician Name (print): _____ Signature: ___ Date: _____

Facility Representative (print): _____ Signature: ___ Date: _____

Facility Name:_____ Date:_____

C. Inventory of Tank Equipment Below check and write in the appropriate boxes.

Tank Product: _____ ❑ Manifolded Tank ❑ Yes ❑ No ❑ NA In-Tank Gauging Probe. Make /Model #: _____ ❑ Yes ❑ No ❑ NA Tank Interstitial Sensor is functioning properly. ❑ Float Type ❑ Yes ❑ No ❑ NA Tank Sump Sensor installed: ❑ Yes ❑ No ❑ NA Mechanical Line Leak Detector installed. Model_____ ❑ Yes ❑ No ❑ NA Electronic Leak Detector installed. Model_____ ❑ Yes ❑ No Tank Overfill -90% alert installed. ❑ Yes ❑ No ❑ NA Tank Overfill - 95% auto shut-off drop tube	Tank Product: _____ ❑ Manifolded Tank ❑ Yes ❑ No ❑ NA In-Tank Gauging Probe. Make /Model #: _____ ❑ Yes ❑ No ❑ NA Tank Interstitial Sensor is functioning properly. ❑ Float Type ❑ Yes ❑ No ❑ NA Tank Sump Sensor installed: ❑ Yes ❑ No ❑ NA Mechanical Line Leak Detector installed. Model_____ ❑ Yes ❑ No ❑ NA Electronic Leak Detector installed. Model_____ ❑ Yes ❑ No Tank Overfill -90% alert installed. ❑ Yes ❑ No ❑ NA Tank Overfill - 95% auto shut-off drop tube
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D. OVERFILL ❑NA

❑Yes ❑No Is an outdoor audible and visual alarm to alert when the tanks has reached the 90% fill level installed and functional? (Check appropriate box(s)) ❑ Audible operating ❑ Visual operating

❑Yes ❑No Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill.

❑Yes ❑No Ball floats on all tanks have been removed or set higher than the 95% auto shut-off drop tube valve.

E. CONTAINMENT

❑Yes ❑No ❑NA Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?

❑Yes ❑No ❑NA If spill bucket is designed with a plunger, is it functional?

❑Yes ❑No ❑NA All tank and transition sump sensors were visually inspected, functionally tested, and are confirmed operational.

❑Yes ❑No ❑NA Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?

❑Yes ❑No ❑NA Have all "stand-alone" sensors been tested and determined to be functional?

❑Yes ❑No ❑NA For pressurized piping systems does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak. If yes which sensor location activates shutdown?
❑ Sump sensor ❑ Dispenser sensor. Did you confirm a positive shut-down? ❑Yes ❑ No

The double-wall interstitial pipe is installed with the intention of functioning as an: ❑ Open system ❑ Closed system.
❑Yes ❑No ❑NA Test ports/fittings/boots removed or left open on secondary containment "open" interstitial piping?

❑Yes ❑No ❑NA Submersible or dispenser containment's inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots (NOTE: Liquid tight sumps must be in place by Dec 31, 2020)

❑Yes ❑No ❑NA Was liquid found inside any secondary containment system? ❑ Product ❑ Water If yes describe how resolved in comments?

Facility Name:______________________________________ Date:___________________

F. General

❑Yes ❑No Monitoring system set-up was reviewed to ensure proper settings. Corrections made? ❑Yes ❑ No
Attach set up reports and a description of set-up corrections in section B, if applicable.

❑Yes ❑No Are there any current alarms? What: __

❑Yes ❑No ❑NA If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.

❑Yes ❑No Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.

❑Yes ❑No ATG or monitoring system's visual and audible alarm(s) are operational and functioning.

❑Yes ❑No All gasoline dispenser hoses passed continuity test. List failures in comment section

❑Yes ❑No Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?

In-Tank Gauging **❑ Check this box if no tank gauging equipment installed.**
❑ Check this box if tank gauge is not functioning.

❑Yes ❑No All input wiring has been visually inspected for proper entry and termination?

❑Yes ❑No All tank gauging probes, visually inspected for damage and residue buildup?

❑Yes ❑No Accuracy of system product level readings tested?

❑Yes ❑No Have all the tanks been checked for water? Has the water been removed? ❑Yes ❑No ❑NA

❑Yes ❑No All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?

❑Yes ❑No ❑NA All items on the equipment manufacturer's maintenance checklist completed?

Leak Detector (ELLD) *This section is in addition to the annual functionality test of MLLD or ELLD.*

❑Yes ❑No Each Electronic Line Leak Detector automatically shut off the submersible if the ELLD detects a 3gph leak?

❑Yes ❑No For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?

G. DISPENSER INFORMATION

Dispenser ID: ________________ Dispenser Containment Sensor - Model:______________ or ❑NA ❑Yes ❑No Shear Valve(s) properly anchored & operational ❑Yes ❑No Dispenser does have containment in place ❑ Manufactured or ❑Field constructed	**Dispenser ID: ________________** Dispenser Containment Sensor - Model:______________ or ❑NA ❑Yes ❑No Shear Valve(s) properly anchored & operational ❑Yes ❑No Dispenser does have containment in place ❑ Manufactured or ❑Field constructed
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.